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ABSTRACT

In California, school districts are categorized as public health screening centers and are required to have school doctors or school nurse practitioners provide complete physical examination services. A survey was conducted in a school district with an enrollment of about 12,000 students to determine parental attitudes toward this service, and also to obtain their opinions on whether the clinical competence of the school nurse practitioners compared favorably to that of a private physician. Results revealed a high level of acceptance for the clinical services provided by the school and for the expertise of the nurse practitioners. In this paper, the results of this survey are discussed as well as problems with the present escalating costs of medical care in the United States. The possibility of using schools and nurse practitioners as community "School Clinics" is explored as one possible solution to the problem of health care costs. While the probability of socialized medicine in this country is discounted, it is suggested that some form of national health insurance might be feasible. The survey questionnaire is appended. (JD)

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WILL AMERICANS ACCEPT A CHEAPER, SOCIALIZED FORM OF HEALTH CARE DELIVERY OF SERVICES PROVIDED BY SCHOOL NURSE PRACTITIONERS OVER THE MORE EXPENSIVE, CAPITALISTIC DELIVERY OF SERVICES PROVIDED BY PRIVATE, FEE-FOR-SERVICE PHYSICIANS?

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An early draft of this paper was presented at the annual meeting of the California Educational Research Asscciation (CERA) which was held at the Villa Hotel in San Mateo, California on November 20-21, 1980.

This paper is one of several that were presented by Dr. Kester at the International School Psychology (ISP) Colloquium which was held at the University of Stockholm in Stockholm, Sweden during August 1-6, 1982.

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INTRODUCTION

America is alone among all the modern industrial nations in that she does not regard medical care as a necessary social service that should be made available to all citizens who need it regardless of their financial circumstances. In other industrialized nations; in Britain, Sweden, Norway, and Russia, to name a few; access to health care is seen as a citizen's right--not a commodity to be "sold" in a marketplace which, in large part, is monopolistically controlled by the "sellers." Two unhappy results of America's capitalistic delivery of services are abnormally high health care costs and an unequal distribution of services among citizens of different financial circumstances.

National efforts at reducing costs and making services more available to those who need it have run into strong resistance from the American Medical Association which has labeled such plans "Marxist Medicine." But the AMA is not the only possible point of resistance to such government intervention. Another question is, "Will 'consumers' accept other, cheaper forms of health care delivery?" In particular, "Will consumers accept a school nurse practitioner physical examination service offered by their local school district?" or, will they demand the services of a more costly physician?

It seems clear that America's school system, since it is already located in all communities, could thereby provide a vehicle for overcoming the unequal distribution problem. If the cost of services, (a physical examination) could be reduced in part by hiring it done by "super nurses" instead of physicians, then utilizing America's conveniently located schools could be a way of partially overcoming two of the inequities of the current health care system.

This paper seeks to answer the question of whether parents of children will accept school nurse practitioners who offer to do physical examinations on their children. The results of the study, reported herein, are encouraging. Very high levels of acceptance by parents (above 94%) were found among all responding parents in the random sample ($P < .001$). High levels of acceptance by parents (above 84%) were also found for those parents who thought their child had a health problem about which they were concerned ($P < .001$).

Another related question is whether, in fact, the clinical competence of the nurse practitioner compares favorably to that of a physician. This related question was investigated by Sox (1979). His review of 21 studies in which a comparison was made between nurse practitioners and physicians produced no distinguishable differences in clinical competence in the work situations that were studied.

In conclusion, one way out of America's crisis in health care may be to better utilize her schools and the nurse practitioners who are or could be based there in a kind of "School Clinic."

I. The School District

Bellflower Unified School District is located in a suburban area approximately 15 miles southeast of Los Angeles. The District has six elementary schools, two high schools, one adult school, one continuation high school, and one special school. Its total enrollment in 1981 was about 12,000 students.

II. The National Need For Health Care For Children

In America, it is estimated that seven million children from deprived circumstances never visit a physician's office or hospital outpatient department except in times of urgent emergency or extreme illness (Profile of Children, 1970). The National Academy of Sciences estimates that as much as 30 percent of the children and adolescents between the ages of 5 to 18 rarely come to the attention of a health care professional (National Academy of Sciences, 1976). A significant number of the nation's more than fifty million school-age children either do not have a basic source of health care or are not brought to facilities for required care. This lack of early detection and treatment of physical, emotional and learning disorders often lead to chronic or more severe problems which may be detrimental to their health and learning. (Silver, 1971; Silver et al., 1976).

III. Effort to Satisfy Part of the Need

a. The CHDP Program

In 1967 the Early Periodic Screening Diagnosis and Treatment Program (EPSDT) was mandated by the U.S. Congress in an amendment to the Social Security Act (Children's Defense Fund, 1977). The EPSDT program, implemented in California as the Child Health and Disability Prevention Program (CHDP), was the first nationwide effort to involve school-age children in a comprehensive health care program. California's CHDP had its beginning in the implementation of Assembly Bill AB-2068 (California, 1974). The CHDP program was implemented in Los Angeles County in January of 1976. At that time, there were reported a total of 51,765 screenings from all programs performing services for the first fiscal year (State of California, 1977b).

Under CHDP, school districts are categorized as public health screening providers; and are required to have school physicians or nurse practitioners to provide the physical examinations (PE) services. Traditional school nurses are not approved to perform health screening examinations, as described in the CHDP regulations.

b. The School Nurse Practitioner (SNP)

A school nurse practitioner is a licensed, professional registered nurse who:

1. Possesses a valid California registered nurse license.

2. Possesses a California Standard Designated Services Credential with a specialization in health.

3. Possesses one of the following certificates from an approved college/university practitioner program: Pediatric Nurse Practitioner (PNP), School Nurse Practitioner (SNP), or Family Nurse Practitioner (FNP).

4. Has special, advanced skills and academic preparation which prepares her to assume greater responsibility in diagnosis, management, follow-up, and referral of student and pediatric health problems.

In addition, for purposes of this report, it should be noted that the School Nurse Practitioner provided physical examination services that included:

A complete health, nutritional and developmental history, a head-to-toe unclothed physical examination, immunizations, dental, vision, hearing, growth, nutrition and developmental assessments. Tuberculin skin testing and laboratory tests of urine and hemoglobin were also usually included.

IV. America's BIG Money-Crunch Problems

The big money-crunch problem is that the cost of America's capitalistically oriented health care "non-system" is wildly out-of-control. Medical expenses have, for some time, been rising very much faster than other costs in the economy. Here are some relevant facts, figures, and comments:

- The social problem presented by health care in the United States can be simply stated: for most people, health care costs far too much, and for many people, prompt and adequate care is too difficult to obtain... The United States has the dubious distinction of being the only industrialized society in the modern world that does not have a national health-insurance prograr or some similar means of making health care freely available to all who need it. Instead, consumers must buy their health care in much the same way they buy other goods and services such as automobiles or TV repairs. (Robertson, Social Problems, 1980, p. 315.)

- Every other modern industrial nation regards medical care as a social service to be based on a simple principle: the kind of care you receive should depend on the kind of illness you have. The United States alone regards medical care as a private business, based on the principle that the kind of care you receive depends on how much money you are willing or able to spend. (Robertson, Social Problems, 1980, p. 316.)

- American invests more money and more of its national income in health care than any other nation in the world. (Scarpitti, Social Problems, 1980, p. 334.)

- The costs of medical treatment, (in America) always high, have skyrocketed during the past decade. The United States today spends more money on health care, in both absolute and proportionate terms, than any other nation. Medical costs represent over 9 percent of the country's total production of goods and services; only agriculture and construction generate more spending. (Robertson, Social Problems, 1980, p. 315.)

- Scarpitti notes that Sweden and England make a smaller investment and yet "...achieve better health care results." (Scarpitti, Social Problems, 1980, p. 334.)

- Although the British spend only about 6 percent of their gross national product on health care, compared with over 9 percent in the United States, their health seems better. The British live longer than Americans, spend less time in hospitals, have a lower infant and maternal death rate, and in 1976 achieved this at a per-person health-care cost of $189, compared with $638 in the United States. (Robertson, Social Problems, 1980, p. 324.)

- By some measures Soviet medicine has surpassed American medicine. Data collected in 1970 showed that the number of Soviet physicians were 23.8 per 10,000 persons compared with just 15.8 American physicians per 10,000 persons. Similarly, the number of hospital beds was 10.6 per 1,000 persons in the U.S.S.R. and 8.2 per 1,000 persons in America. (Smith and Fontana, Social Problems, 1981, p. 322.)

- America's international health score card tells a story. On infant mortality, for example, America's international ranking has declined steadily since 1950. As of 1976 America was in twentieth place. In that year, the infant mortality rate in America was 15.1 per thousand live births. In Norway the figure was 11.1 while in Sweden it was 8.7. (Scarpitti, Social Problems, 1980, p. 305.)

- In a 1973 publication, it was noted that America ranked twenty-second in the world in life expectancy for males and tenth in maternal mortality... In 1950 the national cost of medical care was $12 billion. In 1977 the cost had exploded to $192.4 billion. This growth represents an increase from 4.5 percent of the Gross National Product (GNP) to 9.1 percent of the GNP... In 1976, Illich reported that over the last twenty years, while the price index for all products rose 74 percent, the cost of medical care increased 330 percent. (Smith and Fontana, Social Problems, 1981, p. 315.)

- Scarpitti noted that the national price tag for health rose from $12 billion in 1950 to $133 billion in 1976. In 1976 health was America's third largest industry, just behind agriculture and construction. (Scarpitti, Social Problems, 1980, p. 329.)

- From 1970 to May, 1978 medical costs increased at a rate more than double that of inflation generally. During that time the consumer price index rose 66 percent, while physician's fees rose 160 percent and hospitals daily service rates rose 400 percent. (Scarpitti, Social Problems, 1980, p. 321.)

- Hospital costs account for the greater part of the inflation in the nation's health-care bill. These costs represent 40 percent of health-care expenditures, and during the past decade have risen four times as fast as the consumer price index. In 1965 the average cost of a day in the hospital was $40 and the nation's hospital bill was $9.1 billion; by 1976 the cost of a day in the hospital was around $200 and the total bill was $45.1 billion, and still rising rapidly... The need for income-producing patients has led to two practices that, although taken for granted in the United States, are viewed with sheer amazement by foreign observers. The first practice, which is, mercifully, not very widespread is "body-snatching" by ambulance crews attached to particular hospitals... The second practice is that of attempting to find out how a sick person proposes to pay his or her bill before hospital admission is granted or any treatment is given. Hospital administrative staff commonly question incoming patients, even in emergency rooms, about whether they are covered by any form of insurance before admitting them. Pehaps nothing better illustrates the commercial rather then the service orientation of American medicine than these two rituals. (Robertson, Social Problems, 1980, p. 330.)

- The risk of serious illness is a constant threat to the security and living standards of the typical American family, for a stay of a few weeks in the hospital can cost many thousands of dollars, with a good possibility that much of the bill will not be covered by insurance. (Robertson, Social Problems, 1980, p. 315.)

- In 1972, Senator Edward Kennedy summed up the sometimes tragic consequences of the capitalistic, health-for-profit system in this way:

> Each of us risks our family's health and future in a gamble that serious illness or injury will not strike us; or that if it does, the health insurance we have will cover the costs; or that if our insurance doesn't cover it all we will be able to pay the difference without hurting our finances too seriously...millions of Americans lose the gamble tragically. (Smith and Fontana, Social Problems, 1981, p. 310.)

- In 1977, it was observed in a New York Times Magazine article, that about half of the people who file pleas for bankruptcies each year do so because of medical debts. (Scarpitti, Social Problems, 1980, p. 330.)

- The "socialized" programs of medicare (aged) and medicaid (poor) partially cover only about 10% of the population. (Scarpitti, Social Problems, 1980, p. 329.)

- In 1977, medicare payments covered only 44% of the total cost of personal health care costs for the aged. (Scarpitti, Social Problems, 1980, p. 321.)

- Supporters of America's capitalistic health care "non-system" often cite the statistic that 80 percent of Americans are "covered" by some kind of health-insurance - either by a group policy provided for them as a part of their employment or by their purchase of a policy as an individual. But Scarpitti notes that in a recent economic recession an estimated twenty-seven million workers and their families were deprived of coverage because of lay-offs. Scarpitti notes that the group and private-pay plans are "...often skimpy and unreliable." (Scarpitti, Social Problems, 1980, p. 330.)

V. Unrestrained Greed and Abuse?

Functional sociologists say that to the extent that America's health-care system fails to fully meet the needs of its population, social disorganization exists. But what are the causes of this disorganization? Sociologists emphasize the conflict of interests among the parties involved, such as between doctors and patients. This section gives quotes from several authors who have reviewed the problem of social disorganization and who offer the following as food for thought. All seem to accept the conflict explanation. Apparently then writers found it easy to discover examples of greed and abuse.

- The underlying source of the problem that the American health-care system is not only business only for people's health; it is also in business to make profits. As Barbara and John Ehrenreich suggest, "health is no more a priority of the American health industry than safe, cheap, efficient, pollution-free transportation is a priority of the American automobile industry." The health-care system that seems chaotic, costly, and unfair from the point of view of the consumer seeking quick, efficient, inexpensive care is, in fact, a highly successful one if judged by its own primary goal, that of making money. The most profitable small business in the United States today is a private medical practice; physicians earn five times as much as the average male wage-earner, and their earnings are rising more steeply than those of any other occupational group. (Robertson, Social Problems, 1980, p. 316.)

- Doctor's incomes went from $2.4 billion in 1950 to $12.4 billion in 1970. 1978 figures indicated the average net income of an office-based physician was just under $70,000. (Smith and Fontana, Social Problems, 1981, p. 313.)

- A career in medicine is certainly a financially rewarding one. Doctors earn five times more than the average male wage earner and 3.5 times more than the average professional. In 1978 the median income of American doctors was $65,000. The President's Council on Wage and Price Stability pointed out in a 1978 report that doctors' incomes were rising at a faster rate than that of any other occupational group; since 1950 the increase in the price of doctors' services has been nearly double the increase in prices generally. (Robertson, Social Problems, 1980, p. 332.)

- Figures like these prompted one writer to declare, "The most profitable small business around is the private practice of medicine." (Scarpitti, Social Problems, 1980, p. 315.)

- The National Health Service succeeds in Britain because it fits well with important strands in British culture - including a long tradition of service-oriented rather than profit-oriented medicine, an absence of a powerful medical lobby, and a general belief that part of the responsibility of the welfare state is to guarantee the health of the population. Different conditions prevail in American culture... (Robertson, Social Problems, 1980, p. 324.)

- British opinion polls consistently show that over 80 percent of the public approves the National Health Service, making it by far the most popular government service in Britain. The system is supported by all political parties and, indeed, by the British medical profession... (Robertson, Social Problems, 1980, p. 323.)

- Medicare and Medicaid have also given rise to a new industry, dubbed "Medifraud" - the business, valued at anything between $1 billion and $5 billion a year, of defrauding the programs. Much of this fraud takes place in what are known as "Medicaid mills" - store-front clinics, usually in impoverished ghetto areas, where unscrupulous doctors perform phony examinations and tests on poor patients, relying on Medicaid to foot the bills. (Robertson, Social Problems, 1980, p. 326.)

- ...(An)...investigator with excellent vision received three different prescriptions for eyeglasses; others in perfect health were diagnosed as suffering from everything from bronchitis to urinary-tract infections. Perhaps worse than the fraud is the fact that the treatment in these clinics, which provide the only available medical help to millions of the poor, is incompetent. One Senate investigator, for example, was x-rayed on a machine that had no film; another submitted a concoction of soap and cleanser as a urine sample, only to find that it was duly tested as "normal." (Robertson, Social Problems, 1980, p. 326.)

- ...there are unmistakable signs of a decline of public confidence in the profession. The Harris poll, for example, found that those with a "great deal" of confidence in the medical profession had dropped from 73 percent in 1966 to 43 percent in 1977. (Robertson, Social Problems, 1980, p. 332.)

- Conflict theorists emphasize that American medicine has become a matter of big money, big organizations, and big politics. They argue that much of the spiraling cost of medical care can be traced back to the pursuit of self-interest by physicians, nursing-home operators, drug companies, insurance companies, and hospitals, as represented by such powerfully organized lobbies as the American Hospitals Association, the American Association of Medical Schools, the Pharmaceutical Manufacturers Association, and the American Medical Association. (Robertson, Social Problems, 1980, p. 322.)

- A classic example of the use of this political and economic power is the sustained attempt by the American Medical Association (AMA), which represents the majority of the nation's physicians, to prevent the introduction of a national health-insurance system. (Robertson, Social Problems, 1980, p. 322.)

- The AMA is a very wealthy organization, considering its limited membership. In 1976 its operating budget was $56,333,644 and it listed assets of $49,243,007. The AMA has vast industrial ramifications. For example it has an investment of about $2 million in Dow Chemical, about 3 million in Honeywell, $2.5 million in Anheuser-Busch, and so on. (Smith and Fontana, Social Problems, 1981, p. 312.)

- The AMA gives more money to members of Congress than does any other single organization. Its 1976 political contributions totaled $1.79 million; in that year 382 House candidates and 42 Senate candidates received donations from the AMA. (Robertson, Social Problems, 1980, p. 322.)

- In the 1978 election campaign the AMA's Political Action Committee (PAC) admitted that it contributed over $1.644 million to federal office candidates. By comparison, the United Auto Workers (UAW) PAC contributed $964,465, the AFLCIO PAC contributed $920,841 and the BANK PAC contributed $232,180. (Smith and Fontana, Social Problems, 1981, p. 390.)

- The business of manufacturing and selling drugs is a good one. In the decade from 1960 to 1970 the drug industry was either first, second, or third in the profit among American industries. The cost of drugs was $3.6 billion in 1960, $8.4 billion in 1970, and $15.1 billion in 1978. (Smith and Fontana, Social Problems, 1981, p. 317.)

- ...some surgery is the unnecessary result of the abundance of surgeons - 19.4 percent of all physicians, the largest specialty - who need to operate to be remunerated. Thus, in the United States, where the doctors' income is based on a fee for service, doctors have a vested interest in performing surgery. In England, where the bulk of doctors earn their income through a salary, there is no financial advantage to performing surgery. Not surprisingly, in England the rate of surgery is about half that of the United States. (Smith and Fontana, Social Problems, 1981, p. 314.)

- Estimates indicate that there are twice as many operations among Blue Shield participants who pay surgeons on a fee-for-service basis than among members enrolled in a prepaid group practice plan where surgeons draw flat salaries. For both doctors and hospitals, surgery produces higher revenues than other forms of treatment. (Scarpitti, Social Problems, 1980, p. 324.)

In the January, 1977 issue of the New York Times Magazine, there was a chilling description of the American physician's profit motive. Scarpitti reprinted the story. Part of it is presented below:

> The desperate shortage of health care personnel in some areas works to strengthen local medical oligopolies, inviting its practitioners to profit at the patient's expense. I came across an instance of how this can occur, and the misery it can cause, when I interviewed a woman who lives in the hills of eastern Kentucky. One day she told me, her 4-year old son, Danny, complained of a pain in his stomach.
>
> "I didn't have much money, but Danny was in awful pain, so I paid somebody to ride me into Prestonsburg. The doctor, he looked at Danny. He said the boy had to be operated before his appendix ruptured, but first I had to work things out with the hospital director. Me and Danny went to the director. He told me it would cost $350 and I would have to give a $100 down payment. I said I didn't have no $100. He said, 'Well, when you get it come back and we'll fix your boy up.' My Danny was vomiting right there in the director's office. He was real sick. I went and borrowed the money from a cousin, and I came back with the money. The director, he says, 'you have to show you got an income so as you can pay the debt!' I said all I ever get is a check every month from the Veterans for $57. He said that would be just fine. Then he made me sign a paper promising to turn over the check to him each month till the bill was paid. I couldn't fight him. My Danny had to be operated."

> One story does not make a pattern, but the hearing rooms of Congress over the past few years have resonated with hundreds of such tales. The impression one gets overall is that something has gone sour in American health care and that money has had a lot to do with it...

(Excerpts from "National Health Insurance - The Dream Whose Time Has Come," New York Times Magazine, January 9, 1977. © 1977 by the New York Times Company. Reprinted by permission. Scarpitti, Social Problems, 1980, p. 330.)

VI. The Three BIG Questions:

A. Will Americans accept lower-cost services of "super-nurses" or will they insist on expensive services provided by physicians?

B. Will America increase its support for socialized approaches to the health care needs of its citizens?

C. Will America ever consider access to health care to be a right of every citizen rather than as a commodity to be sold in the marketplace for the highest price possible?

A partial answer to the first big question is provided by the data generated by a survey that measured the level of consumer satisfaction of the school nurse practitioner's physical examination service in Bellflower. A twenty-two item questionnaire was mailed to a sample of 260 parents of children who had received physical examinations during 1978-79 or 1979-80. "Consumer satisfaction," or parent acceptance, was measured by the responses to questions numbered 13 and 14 on the survey. Because there were no significant differences between the way in which the parents of 1978-79 answered and the way in which the parents of 1979-80 answered, the data analyses presented in the following tables are for the two years combined.

Table 1

Consumer satisfaction for all respondents
Analysis of responses to Question 13
"Do you feel that your child received a complete physical examination by the school nurse practitioner?"

	N	%
Yes	80	90.9%
No	8	9.1%
Total	88	100.0%

$Z = 7.67$

$P \leq .001$

Table 2

Level of consumer satisfaction for all respondents
Analysis of responses to Question 14
"Would you choose this service again?"

	N	%
Yes	84	96.6%
No	3	3.4%
Total	87	100.0%

$Z = 8.69$

$P \leq .001$

Thus, the random sample of just under 90 respondents showed a very high level ($P \leq .001$) of consumer acceptance of the school nurse practitioner's role in the patient assessment required in a physical examination.

Another very high level of acceptance was shown by those parents who felt that their child has a health problem when they brought him to see the school nurse practitioner. The authors of this paper were interested especially in this group of "clients," since it seemed to them that it was one thing for the nurse practitioner to be accepted if the child being examined was not seen as having a health problem; and something different if the child was seen as having a health problem. Certainly, in the latter case, the "clients" would be harder to please. But, happily, the "clients" in this "more distressed" circumstance were also extremely satisfied with the services received from the school nurse practitioner. These statistically significant levels of satisfaction are shown in Tables 3 and 4.

Table 3

Level of consumer satisfaction for parents who said, "Yes, when I took my child to a physical examination he had a special health problem about which I was concerned." Analysis of responses to Question 13 "Do you feel that your child received a complete physical examination by the School Nurse Practitioner?"

	N	%
Yes	18	94.7%
No	1	5.3%
Total	19	100.0%

$Z = 3.90$

$P \leq .001$

Table 4

Level of consumer satisfaction for parents who said, "Yes, when I took my child to a physical examination he had a special health problem about which I was concerned." Analysis of responses to Question 14 "Would you choose this service again?"

	N	%
Yes	16	84.2%
No	3	15.8%
Total	19	100.0%

$Z = 2.98$

$P \leq .001$

Thus, the analyses of the data of this research effort provide a "yes" answer to the big question,

A. "Will Americans accept a cheaper, socialized form of health care delivery of services provided by school nurse practitioners over the more expensive, capitalistic delivery of services provided by private, fee-for-service physicians?"

If a tentative answer of "yes" is provided by this study of acceptance in one school district, the answers to the other two big questions are more elusive.

B. "Will America increase its support for socialized approaches to the health care needs of its citizens?"

At the present time, the answer to this question appears to depend on whether the Republicans or the Democrats are stronger in Washington, D.C. Certainly Ronald Reagan's administration has done nothing to increase support to socialized approaches. The most recent budget proposal to-date from him showed cuts in medicare and medicaid.

C. "Will America ever consider access to health care to be a right of every citizen rather than a commodity to be sold in the marketplace for the highest price possible?"

Robertson has provided this forecast - which the authors of this paper agree is one of the more realistic ones:

> The ultimate shape of a new health-care system will probably be that of national health insurance, in which everybody is covered at least to some extent for most medical expenses, rather than a British-type system of free "socialized medicine" in which the government owns hospitals, employs doctors, and even nationalizes drug companies. The tradition of medicine as a field for private profit is so deeply ingrained in American culture that the new system is likely to be a compromise, granting the medical profession and its industrial allies their profits while insisting that medical services be more equitably delivered to the American people.

(Robertson, Social Problems, 1980, p. 337.)

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APPENDICES

Appendix 1

Cover-Letter

Bellflower Unified School District

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LEONARD T. BURNS, ED.D.
SUPERINTENDENT

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March 24, 1980

Dear Parent/Guardian:

In our effort to be responsive to the health needs of children in our District, we are conducting an evaluation of the School Nurse Practitioner physical examination services. Your child received a physical examination by one of our School Nurse Practitioners during the past two years.

We hope you will take the time to complete and return the enclosed questionnaire to help us evaluate and improve this new Bellflower Unified School District service. All responses will be kept confidential. Please complete and return the questionnaire in the enclosed stamped, self-addressed envelope as soon as possible.

Thank you for your cooperation in helping us improve this valuable service.

Sincerely,

Janice Heckman

Janice Heckman, R.N.
Program Specialist-Health Services

JH/ps

Enclosures (3)

Appendix 2

Questionnaire

BELLFLOWER UNIFIED SCHOOL DISTRICT
Instructional Services
Office of Health Services Programs

QUESTIONNAIRE REGARDING YOUR CHILD'S PHYSICAL EXAMINATION

Instructions: Please help us evaluate this service by putting a check next to the letter of your answer to each of the questions. Return in the enclosed self-addressed envelope.

1. For which one of the following programs did your child receive a physical examination by the School Nurse Practitioner?

   ____ A. First grade required physical
   ____ B. Head Start
   ____ C. Child Development Program (CDP)
   ____ D. Regular school program
   ____ E. Daisy Child Development Program
   ____ F. Other (please list) ____

2. Which of the following methods of payment did you use to pay for your child's physical examination?

   ____ A. Medi-Cal P.O.E. sticker
   ____ B. Paid $30.00
   ____ C. First grade physical (paid for by State government-CHDP)
   ____ D. Head Start (paid for by State)

3. If you paid $30.00, how would you rate this cost?

   ____ A. Too expensive for services my child received
   ____ B. Cost was reasonable
   ____ C. Other (please explain) ____

4. Did you go with your child for his/her physical examination given by the School Nurse Practitioner?

   ____ A. Yes
   ____ B. No

5. If you answered "no" to question No. 4 above, then please indicate for which one of the following reasons you were unable to accompany your child.

   ____ A. I was working
   ____ B. I did not have a babysitter for the other children
   ____ C. I did not feel that it was necessary for me to go
   ____ D. Other (please explain) ____

6. If parents had been required to be present at the physical examination, would you still have had your child examined by a School Nurse Practitioner?

   ____ A. Yes
   ____ B. No

7. If you did go with your child to the physical examination, was transportation to the school clinic provided for you by the Bellflower Unified School District?

   ____ A. Yes
   ____ B. No

8. If transportation had not been provided, would you have gotten your child's examination done some place other than the school clinic?

   ____ A. Yes
   ____ B. No

9. Please check one or more of the following reasons why you chose to have your child examined by the School Nurse Practitioner.

   ____ A. It was easier to get an earlier appointment
   ____ B. As a parent, I did not have to be present
   ____ C. Transportation was provided
   ____ D. The school clinic was close to home
   ____ E. It costs less money
   ____ F. It was easier to get an appointment arranged by the Head Start office
   ____ G. It was easier to get an appointment arranged by the Children's Center office
   ____ H. Other (please explain) ____

10. From which source did you hear about the School Nurse Practitioner's physical examination service?

    ____ A. Medi-Cal office
    ____ B. School Nurse
    ____ C. Teacher
    ____ D. Physical examination information letter sent by the Bellflower School District
    ____ E. Head Start office
    ____ F. Children's Center office
    ____ G. Other (please explain) ____

Please continue on the back side

11. Who usually provides health care for your child?

_____ A. Health Department
_____ B. Private doctor
_____ C. Hospital Emergency room
_____ D. Medical group
_____ E. Health maintenance group
_____ F. No particular group or doctor

12. If your usual source of health care is the Health Department, private doctor, hospital emergency room, or medical group, please check one or more of the following reasons why you did not take your child to them for this physical examination.

_____ A. I could not get an appointment
_____ B. They're too expensive
_____ C. I did not want to bother them for a "routine" physical examination
_____ D. They always seem to rush through a physical examination
_____ E. I wait in the office too long
_____ F. I could not find a doctor who accepts Medi-Cal
_____ G. No special reason
_____ H. Other (explain)_____

13. Do you feel that your child received a complete physical examination by the School Nurse Practitioner?

_____ A. Yes
_____ B. No

14. Would you choose this service again?

_____ A. Yes
_____ B. No

15. When your child went for the physical examination did he/she have a special health problem about which you were concerned?

_____ A. Yes
_____ B. No

16. At the time of your child's physical examination what was your child's age_____ Grade in school_____

17. My child's race is: (optional)

_____ A. Mexican/American
_____ B. White
_____ C. Black
_____ D. American Indian
_____ E. Asian
_____ F. Other (please specify) _____

18. How many children in the family are presently living at home? _____

19. When did your child have the physical examination by the school Nurse Practitioner in the Bellflower Unified School District? Please check

_____ Last year (1978-79 School year) _____ This year (1979-80 School year)

20. Are you the child's:

_____ A. Mother
_____ B. Step-mother
_____ C. Father
_____ D. Step-father
_____ E. Guardian
_____ G. Other (please specify) _____

21. Your marital status is: (optional)

_____ A. Married
_____ B. Widowed
_____ C. Divorced
_____ D. Separated
_____ E. Never married

22. Do you have any comments you feel will aid in improving this program? If so, please give your comments here:

LS JH:DK
3/10/80

Appendix 3

Children's Grades in School at Time of Physical Examination

Grades	Number	% of Responses
Headstart	8	11.8
Preschool	9	13.2
Kindergarten	12	17.6
Grade 1	18	26.5
Grade 2	5	7.4
Grade 3	4	5.9
Grade 4	2	2.9
Grade 5	2	2.9
Grade 6	2	2.9
Grade 8	1	1.5
Grade 9	3	4.4
Grade 10	1	1.5
Grade 11	1	1.5
Totals	68	100.0